

I

DO NOT WRITE IN THIS SPACE

Incident Report

Investigation Completed

Investigation Made at Scene

Photographs

Y N

☒ Y ☐ N

Revised

Fatality

Hit and Run

Y N

☒ Y ☐ N

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

(1) Reporting Agency OKLAHOMA HIGHWAY PATROL				Case Number (Agency Use) F00614-19				Motor Vehicles Involved 03		Number Injured 03		Number Killed 00					
(2) Date of Collision (mm/dd/yyyy) 05/20/2019		Time 1543		County Number and Name 43 LOVE		Nearest City or Town Number and Name In <input type="checkbox"/> 00 THACKERVILLE Near <input checked="" type="checkbox"/>											
(3) Distance from Nearest City or Town Limits 0020 Mi. <input checked="" type="checkbox"/> N <input type="checkbox"/> S				Control # 17		Int ID 00		Location 07		East Grid 00		North Grid 047 + 7		Administrative PARIS			
(4) Street, Road or Highway I-35				Distance from At <input type="checkbox"/> 0010		Mi. <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W		FL <input checked="" type="checkbox"/>		(Nearest) Intersecting Street, Road or Highway MM 7							
(5) Unit 01		Occupants 01		Type D		Hit & Run <input type="checkbox"/>		Last Name SEARS		First GERALD		Middle LYNN		Date of Birth (mm/dd/yyyy) 12/21/1959		Sex M	
(6) Address MAIL 2308 N LOCKHART ST				City SHERMAN		State TX		Zip 75092		Telephone (Use Area Code) (903)771-8320							
(7) Driver License Number 29349652				State TX		Class A		Endorsement(s)		Restriction(s)		Inj. Sev. 1		Type of Injury 0		Drv./Ped. Cond. OP Use 01 04	
(8) Ejected 9		Extricated 1		Test 1		(% BAC) 0		Transported by 0		To Medical Facility 0		License Plate Number 2354880		State IN		Month Year 06 2019	
(9) VIN 3AKJGLD58FSGP3620				Vehicle Year 2015		Color WHI		2nd Color 0		Make FRHT		Model CAS		Veh. Conf. 09		Extent of Damage 4	
(10) Insurance Company Name 3 CHEROKEE INS. CO				Policy Number CA190001				Insurance Telephone (Use Area Code) 8002100450									
(11) Vehicle Removed by Driver <input type="checkbox"/> MISTLETOE WRECKER				Owner's Last Name Same as Driver <input type="checkbox"/> LGSJ EQUIPT. OF INDIANA				First		Middle		Suffix					
(12) Owner's Address 1340 141ST ST				City HAMMOND		State IN		Zip 46327		Oversized Load 0		Towed Veh. Type 00		Rolled <input type="checkbox"/>		Phone present <input type="checkbox"/>	
(13) Citation Number M968372				Statute/Ordinance Number T47 11901B		Citation Number		Statute/Ordinance Number									
(14) Unit 02		Occupants 01		Type C		Hit & Run <input type="checkbox"/>		Last Name VENTRESCA		First NICHOLAS		Middle AARON		Date of Birth (mm/dd/yyyy) 11/15/1987		Sex M	
(15) Address 8920 MCKENZIE RD				City GUTHRIE		State OK		Zip 73044		Telephone (Use Area Code) 9							
(16) Driver License Number 5082124435				State OK		Class D		Endorsement(s)		Restriction(s)		Inj. Sev. 2		Type of Injury 3		Drv./Ped. Cond. OP Use 00 00	
(17) Ejected 1		Extricated 1		Test 1		(% BAC) 0		Transported by 0		To Medical Facility SOAS		License Plate Number NORTH TEXAS HOSPITAL		State ND		Month Year 02 2020	
(18) VIN 3C63R3JL6JG140734				Vehicle Year 2018		Color BLK		2nd Color 0		Make RAM		Model 3500		Veh. Conf. 04		Extent of Damage 4	
(19) Insurance Company Name 2 TRAVELERS INS				Policy Number ZPP81M40673				Insurance Telephone (Use Area Code) 9									
(20) Vehicle Removed by Driver <input type="checkbox"/> MCGEHEE WRECKER				Owner's Last Name Same as Driver <input type="checkbox"/> VENTRESCA				First NICHOLAS		Middle		Suffix					
(21) Owner's Address 8920 MCKENZIE RD				City GUTHRIE		State OK		Zip 73044		Oversized Load 0		Towed Veh. Type 04		Rolled <input type="checkbox"/>		Phone present <input type="checkbox"/>	
(22) Citation Number				Statute/Ordinance Number		Citation Number		Statute/Ordinance Number									
(23) Investigating Officer M Rodriguez				Badge Number 751		Trp/Div. Assigned F		Trp/Div. Location F		Reviewer (Inil.) BS		Reviewer Badge Number 115		Date of Report (mm/dd/yyyy) 05/20/2019			
Unit Type D Driver P Pedestrian X Pedestrian Conveyance B Bicyclist		Injury Severity 0 N/A 1 No Injury 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal 9 Unknown		Type of Injury 0 N/A 1 Head 2 Trunk - Internal 3 Trunk - External 4 Arms 5 Legs 9 Unknown		Driver/Pedestrian Condition 00 Not Applicable 01 Apparently Normal 02 Drinking - Ability Impaired 03 Odor of Alcohol/Beverage 04 Illegal Drugs 05 Under the Influence of 06 Very Tired 07 Sleepy 08 Ill (Sick) 09 Dizzy/Faint 10 Emotional 11 Other 99 Unknown		Occupant Protection (OP) in Use 00 Not Applicable 01 None Used 02 Lap Belt Only 03 Shoulder Belt Only 04 Shoulder and Lap Belt 05 Child Restraint Type Unknown 06 Restraint Used - Type Unknown 07 Helmet 08 Child Restraint - Forward Facing 09 Child Restraint - Rear Facing 10 Booster Seat 11 Other 99 Unknown									
Air Bag Deployed 0 Not Applicable 1 Not Deployed 2 Deployed - Front 3 Deployed - Side 4 Deployed - Other (knee, air belt, etc.) 5 Deployed - Combination 9 Deployment Unknown		Ejected 0 Not Applicable 1 Not Ejected 2 Ejected, Partially 3 Ejected, Totally 9 Unknown		Extricated 0 N/A 1 No 2 Yes		Chemical Test 0 N/A 1 Blood 2 Breath 3 Blood/Breath 4 Test Refused 5 None Given 6 Other		Extent of Damage 0 N/A 1 None 2 Minor 3 Functional 4 Disabling 9 Unknown		Insurance Verification 0 N/A 1 No 2 Owner 3 Operator 4 Exempt		Oversized Load 0 N/A 1 Not Permitted P Permitted		Towed Vehicle Type 00 N/A 01 Boat Trailer 02 House Trailer 03 Farm Trailer 04 Horse Trailer 05 Another Vehicle 06 Utility Trailer 07 Homemade Trailer 08 Box Trailer 09 Stock Trailer 10 Camping Trailer 11 Combination 12 Trailer 99 Unknown			

WARNING - STATE LAW

Use of contents for commercial solicitation is unlawful

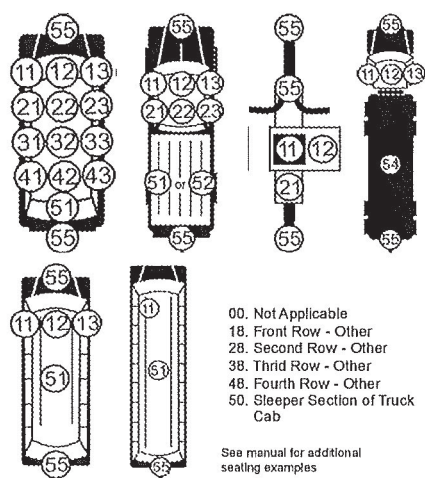
Case Number F00614-19

Pg 2 of 9

(24) Unit	Injured <input checked="" type="checkbox"/> Passenger <input checked="" type="checkbox"/> Witness <input type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
02		23	VENTRESCA	NICHOLAS	A	JR	03/30/2014	M
(25)	Address _____ City _____ State _____ Zip _____ Telephone (Use Area Code) 9							
(26) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
2	3	08	1	1	1	SOAS	NORTH TEXAS HOSPIT	
(27) Unit	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
(28)	Address _____ City _____ State _____ Zip _____ Telephone (Use Area Code) _____							
(29) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
(30) Unit	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
(31)	Address _____ City _____ State _____ Zip _____ Telephone (Use Area Code) _____							
(32) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
(33) Unit	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
(34)	Address _____ City _____ State _____ Zip _____ Telephone (Use Area Code) _____							
(35) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	

Complete information below if this vehicle is being used for COMMERCE/BUSINESS and has a GVWR/GCWR IN EXCESS OF 10,000 LBS., or has a HAZMAT PLACARD, or is a BUS WITH SEATING FOR NINE OR MORE INCLUDING THE DRIVER

(36) Unit	Carrier Name	Address	
01	UNIVERSAL TRK LOAD INC	12755 NINE MILE RD	
(37) City	State	Zip	GVWR <input checked="" type="checkbox"/> 0 - 10K lbs. GCWR <input type="checkbox"/> 10,001 - 26K lbs. <input checked="" type="checkbox"/> 26K+ lbs.
WARREN	MI	48089	Axle Qty. <input type="checkbox"/> 03 Cargo Body <input type="checkbox"/> 15 Vehicle Use <input checked="" type="checkbox"/> Interstate Commerce <input type="checkbox"/> Intrastate Commerce <input type="checkbox"/> Other Non-Commercial <input type="checkbox"/> Government
(38) U.S. DOT Number	NASI Report Number	Placard Number	Haz. Mat. Class <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Haz. Mat. Involved <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Haz. Mat. Release <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
41208	OK		
(39) Unit	Carrier Name	Address	
(40) City	State	Zip	GVWR <input type="checkbox"/> 0 - 10K lbs. GCWR <input type="checkbox"/> 10,001 - 26K lbs. <input type="checkbox"/> 26K+ lbs.
			Axle Qty. <input type="checkbox"/> Cargo Body <input type="checkbox"/> Vehicle Use <input type="checkbox"/> Interstate Commerce <input type="checkbox"/> Intrastate Commerce <input type="checkbox"/> Other Non-Commercial <input type="checkbox"/> Government
(41) U.S. DOT Number	NASI Report Number	Placard Number	Haz. Mat. Class <input type="checkbox"/> Yes <input type="checkbox"/> No Haz. Mat. Involved <input type="checkbox"/> Yes <input type="checkbox"/> No Haz. Mat. Release <input type="checkbox"/> Yes <input type="checkbox"/> No
	OK		

Position in Vehicle  <p>00. Not Applicable 18. Front Row - Other 28. Second Row - Other 38. Third Row - Other 48. Fourth Row - Other 50. Sleeper Section of Truck Cab</p> <p>See manual for additional seating examples</p>	Vehicle Configuration 00. N/A 01. Passenger Veh.-2 Dr 02. Passenger Veh.-4 Dr 03. Passenger Veh. Conv. 04. Pickup 05. Single Unit Truck, 2 axles 06. Single Unit Truck, 3+ axles 07. School Bus 08. Truck/Trailer 09. Truck-Tractor (Bobtail) 10. Truck-Tractor/Semi-Trailer 11. Truck-Tractor/Double 12. Truck-Tractor/Triple 13. Bus/Large Van 9-15 occupants including driver 14. Bus 16+ occupants including driver 15. Motorcycle 16. Motor Scooter/Moped 17. Motor Home 18. Farm Machinery 19. ATV 20. SUV 21. Passenger Van 22. Truck more than 10,000 lbs., Cannot Classify 23. Van 10,000 lbs. or Less 24. Other 99. Unknown	Cargo Body Type 00. N/A 01. Bus 9-15 seats 02. Bus 16+ seats 03. Van / Enclosed Box / Stock Trailer 04. Cargo Tank 05. Flatbed 06. Intermodal 07. Dump Truck/Trailer 08. Concrete Mixer 09. Auto Transporter 10. Garbage/Refuse 11. Hopper (grain/chips/gravel) 12. Pole Trailer 13. Log Trailer 14. Vehicle Towing Vehicle 15. Other 99. Unknown
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DPS: 0192-02 REV 0107

Case Number F00614-19

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT Pg 3 of 9

Unit		Total Lanes in Roadway	Legal Speed	Pedestrian / Pedalcyclist Only		Was the collision in or near a construction, maintenance or utility work zone? (If yes, complete this section)	
Unit 1	Unit 2			Actions Prior to Collision	Location at Time of Collision	Safety Equip.	Unit Number of Vehicle Striking
This unit will correspond to 'Unit 1'	01	02	70				
This unit will correspond to 'Unit 2'	02	00	70				
Light		Unit 1	Unit 2	Underride/Override			
1 Daylight	01	13		0 Not Applicable			
2 Dark-Not Lighted				1 No Underride or Override			
3 Dark-Lighted				2 Underride, Compartment Intrusion			
4 Dawn				3 Underride, No Compartment Intrusion			
5 Dusk				4 Underride, Compartment Intrusion Unknown			
6 Dark-Unknown				5 Override, Motor Vehicle In Transport			
7 Lighting				6 Override, Other Motor Vehicle			
8 Other				9 Unknown			
9 Unknown							
Weather		Unit 1	Unit 2	Traffic Control			
01 Clear	03	15	07	00 No Control			
02 Fog/Smog/Smoke				01 Stop Sign			
03 Cloudy				02 Traffic Signal			
04 Rain				03 Flashing Traffic Signal			
05 Snow				04 School Zone Signs			
06 Sleet/Hail (Freezing Rain/Drizzle)				05 Yield Sign			
07 Severe Crosswind				06 Warning Sign			
08 Blowing Snow				07 Railroad Advance Warning Sign			
09 Blowing Sand, Soil, Dirt				08 Railroad Cross Bucks			
10 Other				09 Railroad Gates			
99 Unknown				10 Railroad Signal			
Locality		Unit 1	Unit 2	Road Surface Conditions			
1 Residential	5			01 Dry			
2 Business				02 Wet			
3 Industrial				03 Ice/Frost			
4 School				04 Snow			
5 Not Built-up				05 Mud, Dirt, Gravel			
6 Mixed Use				06 Slush			
7 Other				07 Water (standing, moving)			
9 Unknown				08 Sand			
Type of Intersection		Unit 1	Unit 2	Road Character			
0 Not an Intersection	0			1 Level			
1 Y-Intersection				2 Hillcrest			
2 T-Intersection				3 Uphill			
3 Four-Way Intersection				4 Downhill			
4 Five-Point or More Intersection as Part of Interchange				5 Sag (bottom)			
5 Traffic Circle				Road Alignment			
6 Roundabout				1 Straight			
9 Unknown				2 Curve - Left			
Incident Type		Unit 1	Unit 2	Road Surface Type			
00 Not an Incident	00			1 Concrete			
51 Private Property				2 Asphalt			
52 Deliberate Intent				3 Gravel			
53 Medical Condition				4 Dirt			
54 Legal Intervention				5 Brick			
55 Suicide				6 Other			
57 Drowning				9 Unknown			
58 Other				Driver Distracted by			
Location of First Harmful Event		Unit 1	Unit 2	Road Surface Type			
01 On Roadway	02			1 Concrete			
02 Shoulder				2 Asphalt			
03 Median				3 Gravel			
04 Roadside				4 Dirt			
05 Gore				5 Brick			
06 Separator				6 Other			
07 Parking Lane/Zone				9 Unknown			
08 Off Roadway, Location Unknown				Driver Distracted by			
09 Outside Right-of-Way				0 Not Applicable/None			
10 Other				1 Electronic Communication Devices			
99 Unknown				2 Other Electronic Device			
Type of Work Zone		Location of the Work Zone Collision		Workers Present			
1 Lane Closure		1 Before the First Work Zone Warning Sign		Yes			
2 Lane Shift/Crossover		2 Advance Warning Area		No			
3 Work on Shoulder or Median		3 Transition Area		Unknown			
4 Intermittent or Moving Work		4 Activity Area					
9 Unknown		5 Termination Area					
Trafficway		Unit 1	Unit 2	Unsafe / Unlawful Contributing Factors			
0 Not Applicable	3	3		72	98		
1 One Way				FAILED TO YIELD			
2 Two-Way - Not Divided				01 From Stop Sign			
3 Two-Way - Divided				02 From Yield Sign			
4 Two-Way - Divided - Positive Median Barrier				03 Private Drive			
5 Turn Lane				04 County Road at Through Highway			
6 Ramp / Loop				05 From Signal Light			
7 Driveway				06 From Alley			
8 Alley / Parking Lot				07 To Pedestrian			
9 Unknown				08 To Vehicle on Right			
Vehicle Removal		Unit 1	Unit 2	Vehicle Condition			
0 Not Applicable	1	1		00 Not Applicable			
1 Towed Due to Vehicle Damage				01 Apparently Normal			
2 Towed For Reasons Other Than Damage				02 Brakes			
3 Remained at Scene				03 Headlights			
4 Driven from Scene				04 Steering			
9 Unknown				05 Tail Lights			
Vehicle Condition		Unit 1	Unit 2	Special Function of Vehicle			
00 Not Applicable	01	01		00 Not Applicable			
01 Apparently Normal				01 School Bus			
02 Brakes				02 Transit Bus			
03 Headlights				03 Intercity Bus			
04 Steering				04 Charter Bus			
05 Tail Lights				05 Other Bus			
06 Brake Lights				06 Military			
07 Tires/Wheels				07 OHP			
08 Suspension				08 Other Police			
09 Signal lights				09 Other Law Enforcement			
10 Windows				10 Ambulance			
11 Truck Coupling/Trailer Hitch/Safety Chains				11 Fire Truck			
12 Mirrors				12 Public Owned Vehicle			
13 Wipers				13 Highway Equipment			
14 Power Train				14 Special Mobilized Machine			
Point of First Contact on Vehicle		Unit 1	Unit 2	Emergency Vehicle Responding to an Emergency			
12	07			0 N/A			
Most Damaged Area	12	08		1 Yes			
00 Not Applicable				2 No			
13 Top				9 Unknown			

Case Number	F00614-19		Pg	4	of	9
Latitude	33.8199	N	Longitude	-97.1314	W	Railroad Crossing Number
						Roadway Orientation
						Unit Number
						01
						NE S W
						Unit Number
						02
						NE S W



COLLISION EVENTS

Unit	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event	First Harmful Event for the Entire Collision
01	17	34	35	00	35	34
Unit	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event	
02	35	00	00	00	35	

- | | |
|-------------------------------------|-----------------------------------|
| 37 Work Zone/Maintenance Equipment | 56 Pavement Drop-Off |
| 38 Other Non-Fixed Object | 57 Ditch |
| FIXED OBJECT: | 58 Embankment |
| 40 Barrier (Cable) | 59 Tree (Standing) |
| 41 Barrier (Concrete) | 60 Dividing Strip |
| 42 Barrier (Other) | 61 Retaining Wall |
| 43 Fence Pole | 62 Bridge Abutment |
| 44 Fence | 63 Bridge Pier or Support |
| 45 Traffic Signal Support | 64 Bridge Rail |
| 46 Traffic Sign Support | 65 Bridge Post |
| 47 Utility Pole/Light Support | 66 Bridge Curb |
| 48 Other Post/Pole/Support | 67 Bridge Super Structure (Beams) |
| 49 Guardrail/Guardrail Face | 68 Bridge Overhead Structure |
| 50 Guardrail End | 69 Delineator |
| 51 Culvert | 70 Mailbox |
| 52 Curb | 71 Other Fixed Object |
| 53 Island | 72 Other Highway Structure |
| 54 Sand Barrels | 73 Ground |
| 55 Impact Attenuator/ Crash Cushion | 99 Unknown |

- | | |
|--|---|
| 00 Not Applicable | 21 Fell/Jumped From Motor Vehicle |
| 10 Overturn/Rollover | 22 Thrown Or Falling Object |
| 11 Fire/Explosion | 23 Other Non-Collision |
| 12 Immersion | PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT: |
| 13 Jackknife | 30 Pedestrian |
| 14 Cargo/Equipment Loss or Shift | 31 Pedal Cycle |
| 15 Equipment Failure (Blown Tire, Brake Failure, etc.) | 32 Railway Vehicle (train, engine) |
| 16 Separation of Units | 33 Animal |
| 17 Departed Road Right | 34 Motor Vehicle in Transport |
| 18 Departed Road Left | 35 Parked Motor Vehicle |
| 19 Cross Median/Centerline | 36 Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle |
| 20 Downhill Runaway | |

Remarks

UNIT 1 WAS SOUTH BOUND ON I35 OUTSIDE LANE. UNITS 2, AND 3 WERE PARKED ON THE SHOULDER OF THE ROADWAY. UNIT 1 THEN DEPARTED ROADWAY RIGHT AND STRUCK UNIT 2 AND UNIT 3. AREA OF IMPACT WAS APPROXIMATELY 4' WEST OF THE WEST EDGE OF I35 AND 10' SOUTH OF MM 7. AREA OF REST FOR UNIT 1 WAS APPROXIMATELY 119' SOUTH OF AREA OF IMPACT AND 14' WEST OF THE WEST EDGE OF I 35. AREA OF REST FOR UNIT 2 WAS APPROX. 89' SOUTH OF AREA OF IMPACT AND 15' WEST OF THE WEST EDGE OF I 35. AREA OF REST FOR UNIT 3 WAS APPROXIMATELY 135' SOUTH OF AREA OF IMPACT AND 25' WEST OF THE WEST EDGE OF I 35. UNIT 1 STATED HE LOOKED OVER HIS LEFT SHOULDER AT A TRUCK PASSING, THEN HE STRUCK A PICKUP ON THE SHOULDER OF THE ROADWAY. ALL DRIVERS OF THE PICK UP TRUCKS WERE OUT OF THEIR CARS ASSISTING ANOTHER MOTORIST IN FIXING A FLAT TIRE.

This report is based on the officer's investigation of this collision. This report may contain the opinion of the officer.



DPS: 0192-04 REV 0107

DO NOT WRITE IN THIS SPACE

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

Incident Report

Investigation Completed

Investigation Made at Scene

Photographs

Y N

☒ ☐

Revised

☒ ☐

Fatality

☒ ☐

Hit and Run

☒ ☐

Y N

☒ ☐☒ ☐☒ ☐

(1) Reporting Agency OKLAHOMA HIGHWAY PATROL				Case Number (Agency Use) F00614-19				Motor Vehicles Involved 03		Number Injured 03		Number Killed 00			
(2) Date of Collision (mm/dd/yyyy) 05/20/2019				Time 1543		County Number and Name 43 LOVE		Nearest City or Town Number and Name In <input type="checkbox"/> 00 THACKERVILLE Near <input checked="" type="checkbox"/>							
(3) Distance from Nearest City or Town Limits 0020 Mi. <input checked="" type="checkbox"/> N N S <input type="checkbox"/> FL <input type="checkbox"/>				Control # 17		Int ID 00		Location 07		East Grid 047		North Grid 014		Administrative 7 PARIS	
(4) Street, Road or Highway I-35				Distance from At <input type="checkbox"/> 0010		Mi. <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> FL <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/>		(Nearest) Intersecting Street, Road or Highway MM 7							
(5) Unit 03		Occupants 01		Type C		Hit & Run <input type="checkbox"/>		Last Name BRUGH		First ROBERT		Middle W		Suffix 	
						Date of Birth (mm/dd/yyyy) 10/02/1972								Sex M	
(6) Address 17713 BLACKHAWK CIR				City EDMOND		State OK		Zip 73012		Telephone (Use Area Code) (701)690-5019					
(7) Driver License Number BRU725053				State OK		Class D		Endorsement(s) 		Restriction(s) 		Inj. Sev. 2		Type of Injury 3	
				Drv./Ped. Cond. 00		OP Use 00									
(8) Ejected Air Bag <input checked="" type="checkbox"/>		Extricated 1		Test 1		(% BAC) 0		Transported by SOAS		To Medical Facility NORTH TEXAS HOSPITAL		License Plate Number JET204		State OK	
												Month 10		Year 2019	
(9) VIN 3C63RRNL7JG140674				Vehicle Year 2018		Color BLK		2nd Color 0		Make RAM		Model 3500		Veh. Conf. 04	
														Extent of Damage 4	
(10) Insurance Company Name PROGRESSIVE NORTHERN INS CO (38628)				Policy Number 927720299				Insurance Telephone (Use Area Code) 9							
(11) Vehicle Removed by Driver <input type="checkbox"/> MCGEHEE WRECKER				Owner's Last Name BRUGH				First ROBERT		Middle WAYNE JR		Suffix 			
(12) Owner's Address 17713 BLACK HAWK CIR				City EDMOND		State OK		Zip 73012		Oversized Load 0		Towed Veh. Type 04		Rollover <input type="checkbox"/>	
														Phone present <input type="checkbox"/>	
														Phone in use <input type="checkbox"/>	
(13) Citation Number				Statute/Ordinance Number		Citation Number		Statute/Ordinance Number							
(14) Unit		Occupants		Type		Hit & Run <input type="checkbox"/>		Last Name		First		Middle		Suffix	
						CMV <input type="checkbox"/>									
(15) Address				City		State		Zip		Telephone (Use Area Code)					
(16) Driver License Number				State		Class		Endorsement(s)		Restriction(s)		Inj. Sev.		Type of Injury	
(17) Ejected Air Bag <input type="checkbox"/>		Extricated 1		Test 1		(% BAC) 0		Transported by		To Medical Facility		License Plate Number		State	
														Month	
														Year	
(18) VIN				Vehicle Year		Color		2nd Color		Make		Model		Veh. Conf.	
														Extent of Damage	
(19) Insurance Company Name				Policy Number				Insurance Telephone (Use Area Code)							
(20) Vehicle Removed by Driver <input type="checkbox"/>				Owner's Last Name				First		Middle		Suffix			
(21) Owner's Address				City		State		Zip		Oversized Load		Towed Veh. Type		Rollover <input type="checkbox"/>	
														Phone present <input type="checkbox"/>	
														Phone in use <input type="checkbox"/>	
(22) Citation Number				Statute/Ordinance Number		Citation Number		Statute/Ordinance Number							
(23) Investigating Officer M Rodriguez				Badge Number 751		Trp/Div. Assigned F		Trp/Div. Location F		Reviewer (Init.) BS		Reviewer Badge Number 115		Date of Report (mm/dd/yyyy) 05/20/2019	
Unit Type		Other Cyclist		Injury Severity		Type of Injury		Driver/Pedestrian Condition		Occupant Protection (OP) In Use					
D Driver		Z Other Cyclist		0 N/A		0 N/A		00 Not Applicable		00 Not Applicable		05 Child Restraint Type Unknown		10 Booster Seat	
P Pedestrian		C Parked Car		1 No Injury		1 Head		01 Apparently Normal		01 None Used		06 Restraint Used - Type Unknown		11 Other	
X Pedestrian		A Animal		2 No Injury		2 Trunk -		02 Drinking - Ability Impaired		02 Lap Belt Only		07 Helmet		99 Unknown	
Conveyance		T Train		3 Non-Incapacitating		3 External		03 Odor of Alcohol/Beverage		03 Shoulder Belt Only		08 Child Restraint - Forward Facing			
B Bicyclist						5 Legs		04 Illegal Drugs		04 Shoulder and Lap Belt		09 Child Restraint - Rear Facing			
Air Bag Deployed		Ejected		Extricated		Chemical Test		Extent of Damage		Insurance Verification		Oversized Load		Towed Vehicle Type	
0 Not Applicable		0 Not Applicable		0 N/A		0 N/A		0 N/A		0 N/A		0 N/A		00 N/A	
1 Not Deployed		1 Not Ejected		1 No		1 Blood		1 None		1 No		1 Not Permitted		01 Boat Trailer	
2 Deployed - Front		2 Ejected, Partially		2 Yes		2 Breath		2 Minor		2 Owner		2 Permitted		02 House Trailer	
3 Deployed - Side		3 Deployment Unknown		3 Unknown		3 Blood/Breath		3 Unknown		3 Unknown		3 Unknown		03 Farm Trailer	
														04 Horse Trailer	
														05 Another Vehicle	
														06 Utility Trailer	
														07 Homemade	
														08 Box Trailer	
														09 Stock Trailer	
														10 Camping Trailer	
														11 Combination	
														12 Other	
														99 Unknown	

WARNING - STATE LAW

Use of contents for commercial solicitation is unlawful

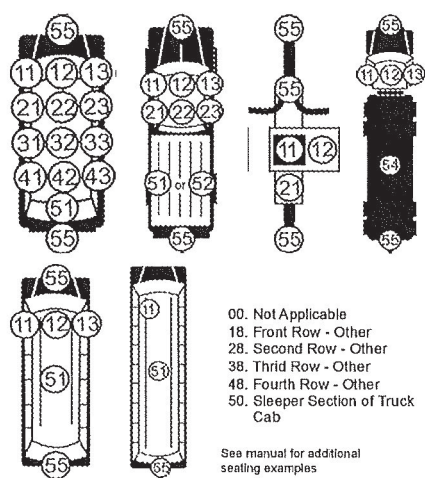
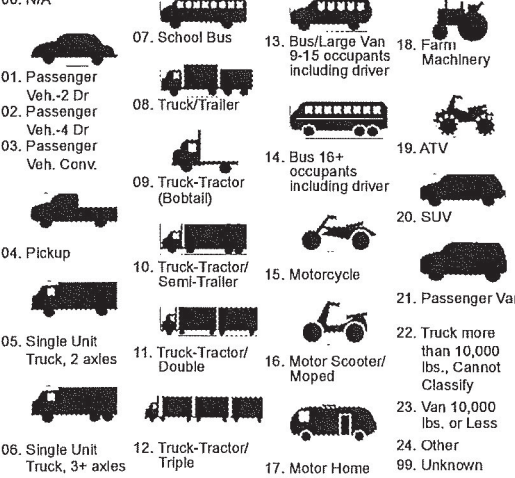
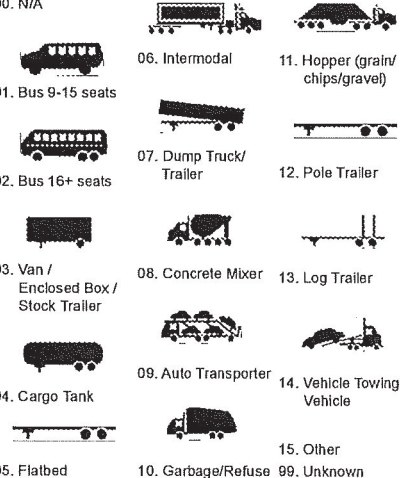
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(24) Unit	Injured <input type="checkbox"/> Passenger <input checked="" type="checkbox"/> Witness <input type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
03		13	DZHKHANIAR	MARIA			11/30/1996	F
(25)	Address		City		State	Zip	Telephone (Use Area Code)	
							9	
(26) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
1	0	04	1	1				
(27) Unit	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
(28)	Address		City		State	Zip	Telephone (Use Area Code)	
(29) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
(30) Unit	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
(31)	Address		City		State	Zip	Telephone (Use Area Code)	
(32) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
(33) Unit	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
(34)	Address		City		State	Zip	Telephone (Use Area Code)	
(35) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	

Complete information below if this vehicle is being used for COMMERCE/BUSINESS and has a GVWR/GCWR IN EXCESS OF 10,000 LBS., or has a HAZMAT PLACARD, or is a BUS WITH SEATING FOR NINE OR MORE INCLUDING THE DRIVER

(36) Unit	Carrier Name	Address	
(37) City	State	Zip	
(38) U.S. DOT Number	NASI Report Number	Placard Number	Haz. Mat. Class
	OK		
(39) Unit	Carrier Name	Address	
(40) City	State	Zip	
(41) U.S. DOT Number	NASI Report Number	Placard Number	Haz. Mat. Class
	OK		

Position in Vehicle  <p>00. Not Applicable 18. Front Row - Other 28. Second Row - Other 38. Third Row - Other 48. Fourth Row - Other 50. Sleeper Section of Truck Cab</p> <p>See manual for additional seating examples</p>	Vehicle Configuration  <p>00. N/A 01. Passenger Veh.-2 Dr 02. Passenger Veh.-4 Dr 03. Passenger Veh. Conv. 04. Pickup 05. Single Unit Truck, 2 axles 06. Single Unit Truck, 3+ axles 07. School Bus 08. Truck/Trailer 09. Truck-Tractor (Bobtail) 10. Truck-Tractor/Semi-Trailer 11. Truck-Tractor/Double 12. Truck-Tractor/Triple 13. Bus/Large Van 9-15 occupants including driver 14. Bus 16+ occupants including driver 15. Motorcycle 16. Motor Scooter/Moped 17. Motor Home 18. Farm Machinery 19. ATV 20. SUV 21. Passenger Van 22. Truck more than 10,000 lbs., Cannot Classify 23. Van 10,000 lbs. or Less 24. Other 99. Unknown</p>	Cargo Body Type  <p>00. N/A 01. Bus 9-15 seats 02. Bus 16+ seats 03. Van / Enclosed Box / Stock Trailer 04. Cargo Tank 05. Flatbed 06. Intermodal 07. Dump Truck/Trailer 08. Concrete Mixer 09. Auto Transporter 10. Garbage/Refuse 11. Hopper (grain/chips/gravel) 12. Pole Trailer 13. Log Trailer 14. Vehicle Towing Vehicle 15. Other 99. Unknown</p>
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Unit		Total Lanes in Roadway	Legal Speed	Pedestrian / Pedalcyclist Only		Was the collision in or near a construction, maintenance or utility work zone? (If yes, complete this section)	
This unit will correspond to 'Unit 1'	This unit will correspond to 'Unit 2'			Actions Prior to Collision	Location at Time of Collision	Safety Equip.	Unit Number of Vehicle Striking
03		00	70				
						Type of Work Zone 1 Lane Closure 2 Lane Shift/Crossover 3 Work on Shoulder or Median 4 Intermittent or Moving Work 9 Unknown	
						Location of the Work Zone Collision 1 Before the First Work Zone Warning Sign 2 Advance Warning Area 3 Transition Area 4 Activity Area 5 Termination Area 9 Unknown	
						Workers Present Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	
Light		Unit 1	Unit 2	Unit 1		Unit 2	
1 Daylight		13		0 Not Applicable			
2 Dark-Not Lighted				1 No Underride or Override			
3 Dark-Lighted				2 Underride, Compartment Intrusion			
4 Dawn				3 Underride, No Compartment Intrusion			
5 Dusk				4 Underride, Compartment Intrusion Unknown			
6 Dark-Unknown Lighting				5 Override, Motor Vehicle In Transport			
7 Other				6 Override, Other Motor Vehicle			
9 Unknown				9 Unknown			
Weather		Unit 1	Unit 2	Unit 1		Unit 2	
01 Clear		07		00 No Control			
02 Fog/Smog/Smoke				01 Stop Sign			
03 Cloudy				02 Traffic Signal			
04 Rain				03 Flashing Traffic Signal			
05 Snow				04 School Zone Signs			
06 Sleet/Hail (Freezing Rain/Drizzle)				05 Yield Sign			
07 Severe Crosswind				06 Warning Sign			
08 Blowing Snow				07 Railroad Advance Warning Sign			
09 Blowing Sand, Soil, Dirt				08 Railroad Cross Bucks			
10 Other				09 Railroad Gates			
99 Unknown				10 Railroad Signal			
Locality		Unit 1	Unit 2	Unit 1		Unit 2	
1 Residential		05		11 No Passing Zone			
2 Business				12 Person (including flagger, law enforcement, crossing guard, etc.)			
3 Industrial				13 Abnormal Control			
4 School				14 Other			
5 Not Built-up				99 Unknown			
6 Mixed Use							
7 Other							
9 Unknown							
Type of Intersection		Unit 1	Unit 2	Unit 1		Unit 2	
0 Not an Intersection		00		00 Not Applicable			
2 Y-Intersection				01 Trees			
3 T-Intersection				02 Embankment			
4 Four-Way Intersection				03 Building			
5 Five-Point or More Intersection as Part of Interchange				04 Signs			
7 Traffic Circle				05 Parked Vehicles			
8 Roundabout				06 High Weeds			
9 Unknown				07 Fences			
Incident Type		Unit 1	Unit 2	Unit 1		Unit 2	
00 Not an Incident		00		08 Shrubbery			
51 Private Property				09 Ice, Snow or Frost on Windows			
52 Deliberate Intent				10 Smoke			
53 Medical Condition				11 Fog			
54 Legal Intervention				12 Dust			
55 Suicide				13 Rain			
57 Drowning				14 Sun			
58 Other				15 Other			
Location of First Harmful Event		Unit 1	Unit 2	Unit 1		Unit 2	
01 On Roadway		02		1 Straight			
02 Shoulder				2 Curve - Left			
03 Median				3 Curve - Right			
04 Roadside							
05 Gore							
06 Separator							
07 Parking Lane/Zone							
08 Off Roadway, Location Unknown							
09 Outside Right-of-Way							
10 Other							
99 Unknown							
Driver Distracted by		Unit 1	Unit 2	Unit 1		Unit 2	
0 Not Applicable/None		0		1 Concrete			
1 Electronic Communication Devices				2 Asphalt			
2 Other Electronic Device				3 Gravel			
3 Other Inside Vehicle				4 Dirt			
4 Other Outside Vehicle				5 Brick			
9 Unknown				6 Other			
				9 Unknown			
Road Character		Unit 1	Unit 2	Unit 1		Unit 2	
1 Grade		1		1 Concrete			
2 Level				2 Asphalt			
3 Hillcrest				3 Gravel			
4 Uphill				4 Dirt			
5 Downhill				5 Brick			
5 Sag (bottom)				6 Other			
				9 Unknown			
Road Alignment		Unit 1	Unit 2	Unit 1		Unit 2	
1 Straight		1		1 Concrete			
2 Curve - Left				2 Asphalt			
3 Curve - Right				3 Gravel			
				4 Dirt			
				5 Brick			
				6 Other			
				9 Unknown			
Road Surface Type		Unit 1	Unit 2	Unit 1		Unit 2	
1 Concrete		2		1 Concrete			
2 Asphalt				2 Asphalt			
3 Gravel				3 Gravel			
4 Dirt				4 Dirt			
5 Brick				5 Brick			
6 Other				6 Other			
9 Unknown				9 Unknown			
Special Function of Vehicle		Unit 1	Unit 2	Unit 1		Unit 2	
00 Not Applicable		00		0 N/A			
01 School Bus				1 Yes			
02 Transit Bus				2 No			
03 Intercity Bus				9 Unknown			
04 Charter Bus							
05 Other Bus							
06 Military							
07 OHP							
08 Other Police							
09 Other Law Enforcement							
10 Ambulance							
11 Fire Truck							
12 Public Owned Vehicle							
13 Highway Equipment							
14 Special Mobilized Machine							
15 Other							
Emergency Vehicle Responding to an Emergency		Unit 1	Unit 2	Unit 1		Unit 2	
0 N/A		0		07			
1 Yes				14 Undercarriage			
				99 Unknown			
Point of First Contact on Vehicle		Unit 1	Unit 2	Unit 1		Unit 2	
07				07			
Most Damaged Area		Unit 1	Unit 2	Unit 1		Unit 2	
07				07			
00 Not Applicable				14 Undercarriage			
13 Top				99 Unknown			

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DIAGRAM SUPPLEMENTAL

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